FORM D

UNITED STATES

Washington, D.C. 20549

JAN 2 4 2002

FORM D

NOTICE OF SALE OF SECURITIES

WASHINGTON D, SECTION 4(6), AND/OR

NOTICE OF SALE OF SECURITIES

SEA PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

NOTICE OF SALE OF SECURITIES

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OMB APPROVAL

OMB Number: 3235-0076 Expires: December 31, 1993 Estimated average burder

Estimated average burden hours per form 16.00

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Name of Offering (© check if this is an amendment and name has changed, and indicate change.) H-39114
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE
Type of Filing: New Filing Amendment
A. BASIC IDENTIFICATION DATA 06Z010Z0 -
1. Enter the information requested about the issuer
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Invest Linc/GK Properties Fund I, LLC
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) 257 E. Main Street, Ste. 102 Barrington, IL 60010 (847) 277-9930
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices)
Brief Description of Business
To invest in, acquire, own, hold-lease, operate, manage, maintain, redevelop, self-OCESSE and otherwise use and deal with real commercial and indistrial property.
Type of Business Organization corporation limited partnership, already formed XX other (please specify):
□ business trust □ limited partnership, to be formed Limited Liability Company (formet)OMSON
Actual or Estimated Date of Incorporation or Organization: Month Year O 1 0 1 XX Actual Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)
CENERAL INSTRUCTIONS

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

States

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

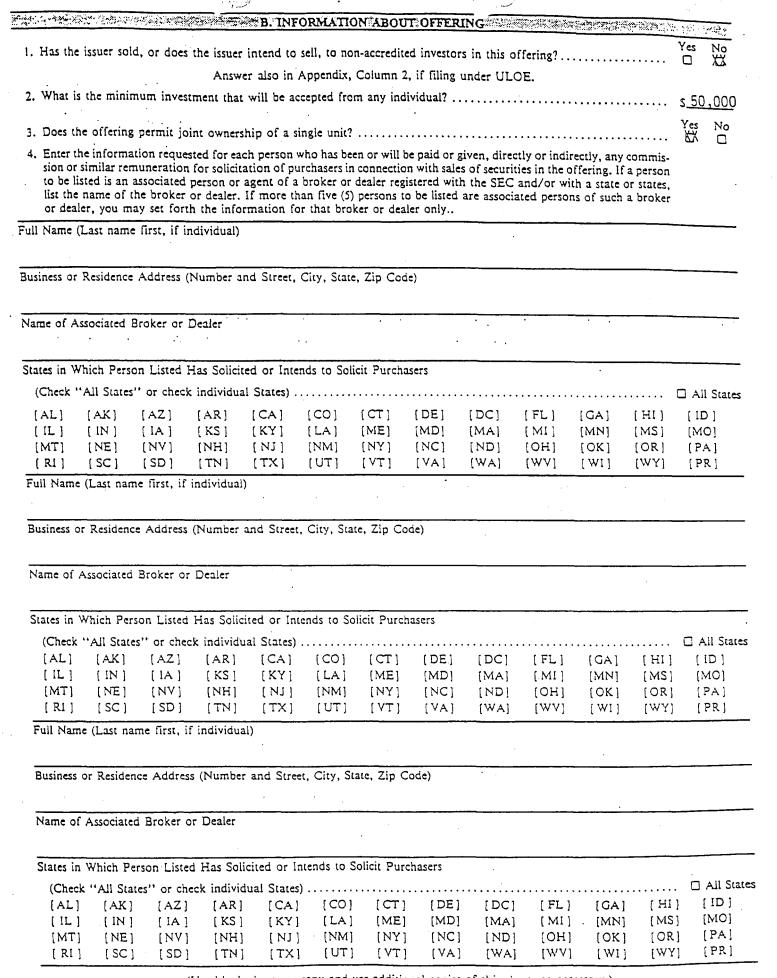
Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Full Name (Last name first, if Individual) Business or Residence Address (Number and Street, City, State, Zip Co	IL 60010 Executive Officer ode) Executive Officer ode)	☐ Director	Managing Partner. General and/or Managing Partner
257 East Main Street, Suite 102 Barrington, Theck Box(es) that Apply: Promoter: Beneficial Owner Eull Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Co Check Box(es) that Apply: Promoter Beneficial Owner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Co Check Box(es) that Apply: Promoter Beneficial Owner Full Name (Last name first, if individual) Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Co Check Box(es) that Apply: Promoter Beneficial Owner Business or Residence Address (Number and Street, City, State, Zip Co	IL 60010 Executive Officer ode) Executive Officer ode)	☐ Director	Managing Partner General and/or Managing Partner General and/or
Susiness or Residence Address (Number and Street, City, State; Zip Co Check Box(es) that Apply: Promoter Beneficial Owner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Co Check Box(es) that Apply: Promoter Beneficial Owner: Full Name (Last name first, if individual) Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Co	executive Officer Ode) Executive Officer	☐ Director	Managing Partner General and/or Managing Partner General and/or
Susiness or Residence Address (Number and Street, City, State; Zip Co Check Box(es) that Apply: Promoter Beneficial Owner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Co Check Box(es) that Apply: Promoter Beneficial Owner Full Name (Last name first, if individual) Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Co	ede) Executive Officer ode) Executive Officer	□ Director	Managing Partner ☐ General and/or
Business or Residence Address (Number and Street, City, State, Zip Co Check Box(es) that Apply: Promoter Beneficial Owner Business or Residence Address (Number and Street, City, State, Zip Co Check Box(es) that Apply: Promoter Beneficial Owner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Co Check Box(es) that Apply: Residence Address (Number and Street, City, State, Zip Co	ede) Executive Officer ode) Executive Officer	□ Director	Managing Partner ☐ General and/or
Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip C Check Box(es) that Apply: Promoter Beneficial Owner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip C	ode) Executive Officer	□ Director	Managing Partner ☐ General and/or
Business or Residence Address (Number and Street, City, State, Zip C Check Box(es) that Apply: Promoter Beneficial Owner C Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip C	Executive Officer	Director	☐ General and/or Managing Partner
Check Box(es) that Apply: Promoter Beneficial Owner Carlo Beneficial Owner Carlo Business or Residence Address (Number and Street, City, State, Zip Carlo Business or Residence Address (Number and Street, City, State, Zip Carlo Business or Residence Address (Number and Street, City, State, Zip Carlo Business or Residence Address (Number and Street, City, State, Zip Carlo Business or Residence Address (Number and Street, City, State, Zip Carlo Business or Residence Address (Number and Street, City, State, Zip Carlo Business (Number and Street)	Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip C	a.a. マールボング 1. 1. a.a. 4.2. 14 a. 4 。 イブ ・ 4. 5 。 4. 5 。 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip C			#3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	Code) **		
	Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			
Business or Residence Address (Number and Street, City, State, Zip (Code)		
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual)			
Business or Residence Address (Number and Street, City, State, Zip	Code)	٠	
Check Box(es) that Apply: Promoter Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual)		· · · · · · · · · · · · · · · · · · ·	



(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

- ANY HOLD OFFERING PRICE: NUMBER OF INVESTORS EXPENSES AND しまでOF PROCEEDS 地域を分野中央

ater the aggregate offering price of securities included in this offering and the total amount ready sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, teck this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	s	S
Equity	s	\$
☐ Common ☐ Preferred		
Convertible Securities (including warrants)	S	S
Partnership Interests		
Other (Specify Membership Interest)		
Total		
Answer also in Appendix, Column 3, if filing under ULOE.		
inter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate Dollar Amount
	Investors	of Purchases
Accredited investors		s 9,247,928
Non-accredited Investors		_ S
Total (for filings under Rule 504 only)	· . 	S
Answer also in Appendix, Column 4, if filing under ULOE.		
If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months price to the first sale of securities in this offering. Classify securities by type listed in Part C - Question	or 1.	-
Type of affering	Type of Security	Doilar Amount Sold
Rule 505		
Regulation A		S
Rule 504		s
Total		\$
e. a. Furnish a statement of all expenses in connection with the issuance and distribution of securities in this offering. Exclude amounts relating solely to organization expenses of the issuance information may be given as subject to future contingencies. If the amount of an expendit is not known, furnish an estimate and check the box to the left of the estimate.	ier.	
Transfer Agent's Fees		
Printing and Engraving Costs		:O S
Legal Fees		x 30,000
Accounting Fees		O \$
Engineering Fees		□ S
Sales Commissions (specify finders' fees separately)	••••••	
Other Expenses (identify)		, 🗆 S
Total		₹ s <u>30,000</u>

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND	USE	OF PROCEED	s	
	b. Enter the difference between the aggregate offering price given in response to Part C - Ction 1 and total expenses furnished in response to Part C - Question 4.a. This difference is "adjusted gross proceeds to the issuer."	s the			\$ <u>29,970,000</u>
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed used for each of the purposes shown. If the amount for any purpose is not known, furnis estimate and check the box to the left of the estimate. The total of the payments listed must enthe adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b at	h an quai			
			Payments to Officers, Directors, & Affiliates	·	Payments To Others
	Salaries and fees	□ \$.			\$
	Purchase of real estate	□ \$.			\$
	Purchase, rental or leasing and installation of machinery and equipment	□ s .			\$
	Construction or leasing of plant buildings and facilities	□ \$.			\$
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	□ \$.	91 		\$
	Repayment of indebtedness	□ \$.			\$
	Working capital	□ \$.		ЖХ	<u>\$29,970,000</u>
	Other (specify):	□ \$.			\$
		□ \$.			\$
	Column Totals	□ \$.		XX	\$29,970,000
	Total Payments Listed (column totals added)		XX s_2	9,9	70 , 000
	D. FEDERAL SIGNATURE				
ol	ne issuer has duly caused this notice to be signed by the undersigned duly authorized person. Ilowing signature constitutes an undertaking by the issuer to furnish to the U.S. Securities an uest of its staff, the information furnished by the issuer to any non-accredited investor purs	If the	is notice is filed	i uno sion,	ler Rule 505, the upon written re-
	suer (Print or Type) Invest Linc/GK operties Fund I, LLC Signature		Date	<u> </u>	2/07
	ame of Signer (Print or Type) Title of Signer (Print or Type)	<u> </u>		<u>as</u>	3/0-
_	Garo Kholamian Authorized Person				

-ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E. STATE SIGNATURE 1. Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule? See Appendix, Column 5, for state response. 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law. 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees. 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied. The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person. Issuer (Print or Type) Signature Date Invest Linc/GK Properties Fund I, LLC Name (Print or Type) Title (Print or Type)

Authorized Person

Instruction:

Garo Kholamian

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

1	to non		dited State	and off off	3 c of security aggregate ering price and in state rt C-Item1)	140 1 m 1	Type of investor and								5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item1)			
State	Yes		·No ·			Acer	edited estors	Áл	10unt	Non-	Accredited	Am	ount		/es	No		
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APPENDIX

1	Intend to non-ac investors (Part B-	to sell credited in State	Type of security and aggregate offering price offered in state (Part C-Item1)	5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item1)					
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
MT									
NE				·					
NV							·		
NH									
ГИ					·				
NM									
NY									
NC									
ND						-			
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OR									
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RI									
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SD)								
TN	1								
T		X	\$100,000*	1	\$100,000				
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V	 -		T.CO. T.CO.		4.60 7.55				
V.		X	\$62,500*	1	\$62,500				
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